PEI Heart Health

Community Mobilization for Health Promotion

A Practical Guide

PEI Heart Health 2000

The PEI Heart Health Program is a joint Federal, Provincial, and Regional Initiative, which works in partnership with the Heart and Stroke Foundation of Prince Edward Island, and is funded by Health Canada, Prince Edward Island Department of Health and Social Services, and Eastern Kings Health.

HEART HEALTH P.E.I. SANTÉ AU COEUR

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Chapter 1: Introduction to the Handbook

The purpose of this manual is to share the experiences of PEI Heart Health (Eastern Kings) in the mobilization of community for health promotion.

This manual outlines the learnings from the PEI Heart Health Project, including facilitators and potential barriers to success.

This manual is not a recipe book for success, but rather a description of what worked for PEI Heart Health in Eastern Kings.

The Heart Health project followed the steps and relationships of the Community Mobilization Framework. This manual goes through the framework providing information on how this framework applies in mobilizing communities in other urban and rural places in Canada.

The intent of this manual is to be user- friendly and practical, and therefore examples, tips, quotes, and references are included throughout the manual. It is expected that the manual will be most useful for practitioners and those in the field, but will also provide valuable information for those in academia and other areas.

While the manual uses the example of heart health and health promotion, the information in this manual can also be applied to other community mobilization efforts on a variety of issues.

A number of symbols are used throughout the manual to help guide you.

This symbol is used throughout the manual to guide you to certain references.

When you see this symbol, look for further information on hints or ideas.

This symbol illustrates some examples from Heart Health.

As well, in the appendix of the manual, you will find example evaluation forms, planning forms, and other references to information related to community mobilization.

For more information on the PEI Heart Health project:

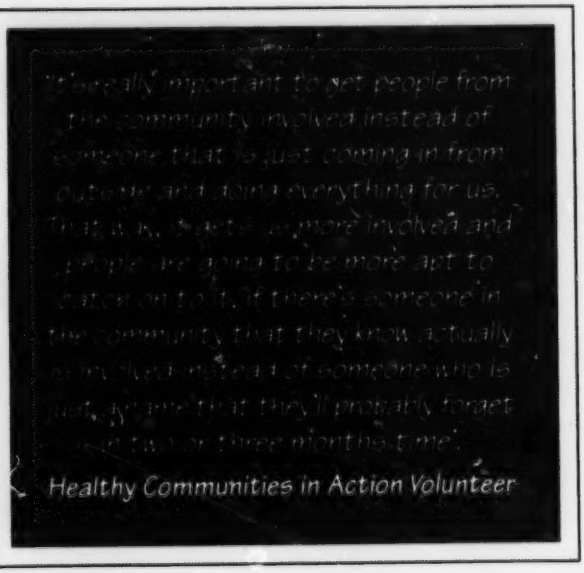
- Bryanton, J., Sweet, L., White, R. et. al. (1995). **Prince Edward Island Heart Health Program: Five Year Evaluation.**
- Sweet, L., White, R., Mitchell, T., Herbert, R., and Moase, O. (2000). **PEI Heart Health Program Dissemination Phase Final Report**

Chapter 2: Introduction to Community Mobilization

Increasingly, community involvement is being recognized as a successful way to promote health in communities.

There are many positive factors in involving the unity in an issue, including increased community ownership and commitment on an issue. On the other hand, community involvement involves hard work and commitment to the community on behalf of staff, the organization, and the community members.

In this chapter, the idea of mobilizing a community is further introduced, through definitions, as well as an introduction to the PEI Heart Health experience.



Definitions

There are a number of important terms when mobilizing a community.

Community Mobilization is a process in which staff work with community members to achieve community health goals. Community members work together to influence and control decisions, programs, and policies related to their well-being.

Central to community mobilization, as well as the learnings in the PEI Heart Health experience, is capacity.

Capacity is the extent to which a community and / or organization has local access to the knowledge, skills, and resources needed to effect mobilization (Jackson et. Al, 1994; Sweet et. Al., 1996). What capacity means as a principle in the framework will be defined in further detail throughout the manual.

The development of a coalition is also a central component of community mobilization in PEI Heart Health's experience. A coalition is a group of people and organizations who come together to work on common goals (Duhl, 1990; Sweet et. Al., 1996). For the purpose of this manual, a coalition can also be steering committee or advisory board.

PEI Heart Health

Chapter 2

In the PEI Heart Health Project, a Participatory Action Approach was used. Participatory Action Research is the 'systematic inquiry, with the collaboration of those affected by the issues being studied, for purposes of education and taking action or effecting social change' (Green et. al., 1995, p. 4). In other words, Participatory Action Research (PAR):

- Involves the community in the research
- Results in action or change

Involving the community using Participatory Action Research will also be discussed in further detail in Chapter 4.

PEI Heart Health Experience

The PEI Heart Health Program is part of the national Canadian Heart Health Initiative, an initiative formed to address heart disease in Canada. The PEI Heart Health Program is a multi-phased project aimed to address cardiovascular disease on Prince Edward Island.

The Demonstration Phase, which took place in Summerside, PEI, resulted in an illustration of the core relationships and steps that were successful in involving the community in building a coalition for health promotion and encouraging participation in behaviour change programs. The results of this phase were used to develop the PEI Community Mobilization Framework.

The framework outlines the important relationship principles involved in community mobilization, and the phases, or steps, of mobilization. A full description of the Framework will be discussed in Chapter 3.

The principles and steps of the community mobilization framework were then researched on the east coast of PEI, in Eastern Kings, to see if the framework would apply (that is to see if it could be 'disseminated') to another area or region.

This manual focuses on the PEI Community Mobilization Framework that was successfully transferred from a mainly urban area on the west coast of Prince Edward Island to a rural area on the east coast of Prince Edward Island. Healthy Communities...In Action (HCIA), a group of community volunteers and professionals, was formed in Eastern Kings to **'actively support the residents of Eastern Kings in promoting and participating in lifestyles that result in a happier, healthier, and more productive community that works together now and into the future'.**

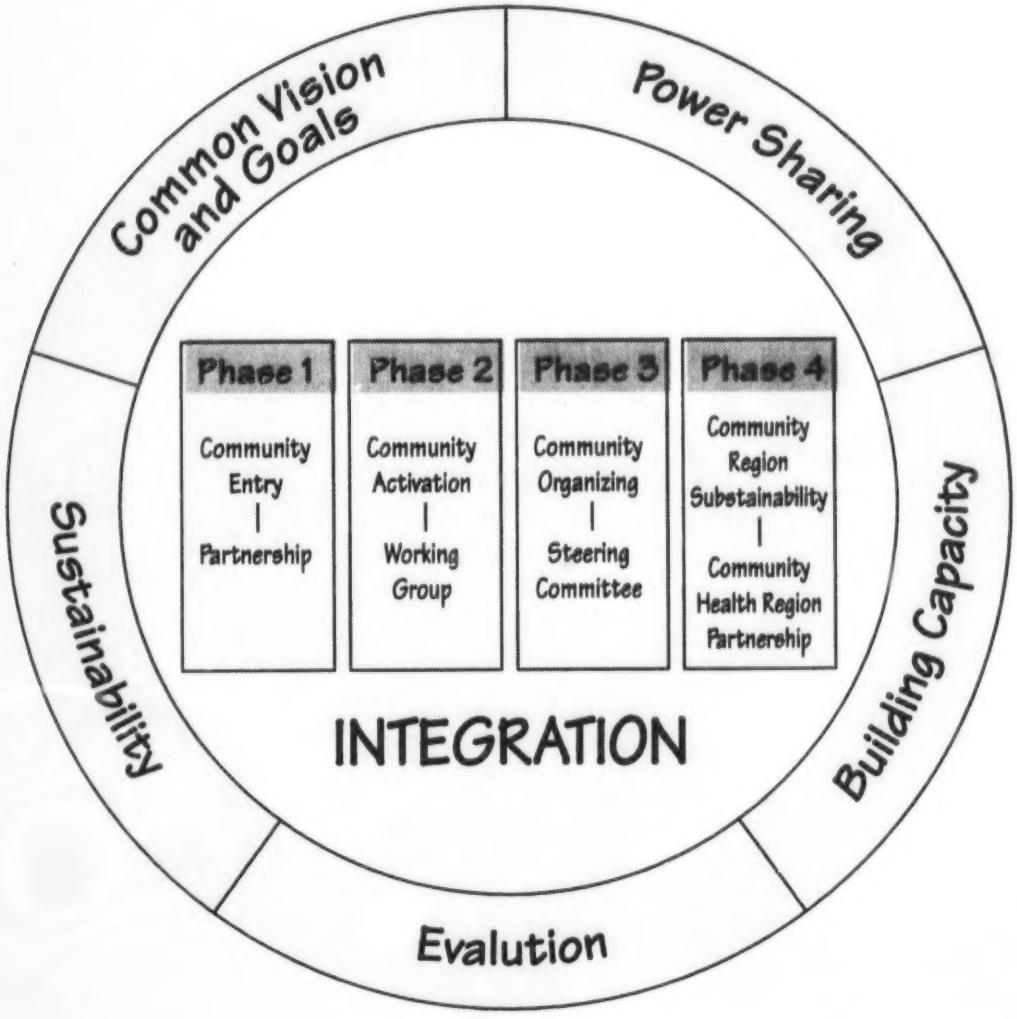
Web pages for other Heart Health projects:

Ontario Heart Health: **www.ahs.uwaterloo.ca/~hbr/chhiop/**
Nova Scotia Heart Health: **www.heart-health.ns.ca/**
Alberta Heart Health: **www.ualberta.ca/~ahhp/**
British Columbia Heart Health: **www.heart-health.org/**
Newfoundland / Labrador Heart Health: **www.infonet.st-johns.nf.ca:80/providers/nhhp/**
Saskatchewan Heart Health: **www.usask.ca/healthsci/che/hhdis/**
Canadian Heart Health Initiative: **www.med.mun.ca/chhdbc**

Chapter 3: PEI Community Mobilization

Introduction to the Framework

The PEI Community Mobilization Framework outlines the critical aspects of community mobilization, namely the steps of development, as well as the relationships that are central to the process.



The steps of development outlined on the framework are:

- Community entry, including partnership formation and key stakeholder communication
- Program implementation, including volunteer development
- Community organization, including coalition development, and
- Sustainability

Throughout these steps of process are the key relationship principles of:

- Power sharing,
- Vision and goals,
- Evaluation, and
- Increasing capacity
- Sustainability (Sweet. White, Herbert, and Mitchell, 1996).

The factors in the PEI Community Mobilization Framework developed in an earlier phase of the Heart Health Project were transferable, with some changes, to the Eastern Kings Heart Health project. The steps that were followed, and the relationship principles that were used throughout the process, can be applied to other community mobilization projects.

The framework course just that—a model to follow. This is not to say that in your community with your issues that some things will not evolve in unique ways. However, these principles and steps are an important part of the community mobilization is of process.

The project is individually tailored to each community. It is not just a blueprint that is plopped down. It is evolving as the community evolves. People in the community are slowly becoming aware of it and as that awareness happens, the whole project evolves as well.

Heart Health Staff Member

Chapter 3

Framework Principles

There are five key relationship principles in the PEI Community Mobilization Framework. These principles are key in building and maintaining relationships throughout the community mobilization process. Each of these principles are described in turn.

Being Inclusive

- Have open invitations to volunteers and organizations that may be interested. Use word of mouth, local newspapers, and involve current volunteers in helping with recruitment.
- Have different ways for people to get involved in the initial process. We used stakeholder interviews, community consultations, one-on-one meetings, presentations to community groups, and word-of-mouth

Power Sharing

Power sharing involves a number of factors, including:

- Inclusion
- Community involvement and input from the beginning and throughout the process
- Community decision making throughout the process, including opportunity to contribute equally to discussions, and decisions made through discussion, negotiation, and consensus
- Legitimate roles and responsibilities for volunteers
- Establishing trust and gaining commitment from the community through 'leading by following'

All staff were asked to enter into all of their relationships 'as guests, and to conduct themselves in such a manner as to increase the likelihood of being invited back to dinner'. Staff made every effort to demonstrate respect, humility, as well as competency in their relations with the communities in Eastern Kings.

One way to gain trust and commitment is by soliciting advice from the community on various aspects of the community mobilization process, and respecting these recommendations from the community. For example, spend time and energy attempting to link with existing organizations and programs to avoid duplication. As well, recognize and appreciate what is already happening in the community with regards to the issue in question

> "It is well organized, well planned, focused. They are open too. Everybody is open to express their "It is well organized, well planned, focused. They are open too. Everybody is open to express their opinions. Everybody is invited to participate in one way or another" *HCIA volunteer*

The planning (and taking part) of meetings can also reflect these power sharing ideals, by:

- Planning a clear agenda that respects people's time
- Using multiple methods within meetings to create an environment for disclosure and a feeling that everyone's opinions count (i.e., a combination of small and large group discussions, opportunities to brainstorm, and opportunities for anonymous input, such as evaluation exercises)
- Making decisions through consensus
- Using information gathered in meetings and communications with community members, volunteers, and organizations to guide the project in the community mobilization process
- Offering a social atmosphere, including a chance to socialize and team-build
- Recognizing and appreciating volunteers

Fast and easy ways to show appreciation to volunteers:

- Say thank-you
- Write thank-you notes
- List accomplishments of the group at a meeting

'I am comfortable at meetings. Everybody speaks up and speaks their opinion and people listen to it or say something back'.
HCIA volunteer

People want to spend their time in an organization that is going to be either a place where they can interact, where they can interact with people they know. I feel that a social atmosphere is very important'. *HCIA volunteer*

There are many facilitation techniques that can be used to encourage input into decision making, as well as facilitate consensus. For example, following a brainstorming activity, give every person 10 sticker 'dots', and ask them to place these dots next to the idea or ideas that they prefer. They can put all of the dots on one idea, or one for each ten ideas, or any combination of these. Then, count up the results to see the top ideas. This can also be done as a 'spend $100 exercise', where every person has $100 to spend on the ideas of their choice.

'Free meals, little bonuses, t-shirts. They had little gag gifts, it was a lot of fun once we got involved. It was a lot of work, but all those little bonuses, trinkets certainly helped.'
HCIA volunteer

Chapter 3

Common Vision and Goals

Common vision and goals are also an important factor in community mobilization. Common vision and goals can be facilitated by:

- Approaching organizations and community members with common interests
- Illustrating to those who may think they have less common vision and goals how they are currently involved in the issue or reasons the issue may be of interest
- Being inclusive and broad
- Understanding that people and organizations have different reasons for being involved (i.e., personally have been affected by the issue, involvement as part of their job, wanting volunteer experience, or overall concern for the community, just to name a few)
- Following the principle of power sharing throughout the community mobilization process

> "I guess the honest, trust, open communication is what does contribute to consensus building. Plus I think it is how members have come to be on the steering committee. They are there because there is an interest in the goals of the programs. So when you have people with common goals, consensus is just so much easier."
>
> *HCIA volunteer*

The development of a vision, mission, objectives, and list of top ten activities for action are important actions to facilitate common vision and goals, and a common understanding. Developing these early on in the process, for example at a planning retreat, will facilitate common vision and goals as you move throughout the community mobilization process.

Both trust and an increased opportunity for common vision and goals were facilitated in the Heart Health project by having an open vision of health promotion, not simply narrowly defining the community mobilization issue as heart health. For instance, the inclusion of cancer in the objectives was significant, given the high level of concern of this disease in Eastern Kings. By having an open vision, inclusion is also encouraged.

Increasing Capacity

Increasing capacity is an essential element throughout the community process. Capacity building can take place through formal or informal training, for example during meetings or retreats. Capacity building can also take place through community presentations and communications (i.e., newsletters, newspaper, or at information booths).

Some examples of trainings include:

- Information on the issue of mobilization (e.g., heart disease, risk factor reduction)
- What is community mobilization?
- Volunteer recruitment and retainment
- Program evaluation
- How to chair a meeting
- Internet and computer training
- Media training (i.e., writing press releases, contacting the media)
- Social marketing

> "I can see where training community members in a variety of skills will be very useful in the long run, even if it is just instilling their confidence and helping those members of the community feel better about themselves, which only has a trickle effect but does have a positive effect on the entire community."
> *HCIA volunteer*

Informal training often takes place through modeling, or watching others. Staff attempted to illustrate the principles of the Community Mobilization Framework by 'doing'. For example, the importance of evaluation throughout the community mobilization process was illustrated by consistently evaluating meetings and programs and returning the information to the group to discuss and plan.

Increasing capacity is not a one-way activity. In other words, it is not just about the staff training community volunteers. Volunteers have many skills and talents that can be passed on to other volunteers.

For more information on community capacity, see:

McKnight, J., and Kretzmann, J. (1990) Mapping Community Capacity. Center for Urban Affairs and Policy Research Report. Evanston, Ill: Northwestern University.

Ongoing Evaluation

Ongoing evaluation is a critical component of the Community Mobilization Framework.

A quick evaluation idea for the end of a meeting requires only a flipchart and a marker. Divide the page in half lengthwise with a straight line. On one side, write a + sign, and on the other sign, an arrow pointing upwards. Ask for comments from the table—things about the meeting that were positive, and things that can be improved.

Evaluation of meetings and programs are just two places where evaluation can be used to see if you are on track, and to make changes as needed.

Needs assessment or baseline research are also significant research areas integral to community mobilization. Involving community in research and evaluation is discussed in greater detail in the next chapter.

Evaluation shows the projects commitment to being the best it can be, by using research to make changes and alterations.

Research and evaluation can be used to:

- Plan programs
- Illustrate accomplishments
- Make adjustments to meetings or programs
- Understand what additional trainings are needed
- Assess if the framework is being followed in the community mobilization process
- Get input from the community

Another evaluation tool that is quick, easy and fun requires crayons and blank paper. At the end of a meeting, ask people to draw a picture of the weather that shows how they felt about the meeting. Then ask people to show their picture and explain what they were feeling. Some results might be a rainbow following a rain shower, that shows hope and promise, or a clear starry night that shows how things are becoming clearer.

"At the beginning I couldn't see the need for evaluation, but I do see the need. The results of that evaluation, on-going evaluation, that can be very productive because you can find faults, you can nip things in the bud, you can see where your strengths are, where your weaknesses are long before there is a disaster."

HCIA Volunteer

Sustainability

While sustainability was not originally a part of the framework, it became obvious throughout the project that it is an essential factor in community mobilization.

Sustainability refers to keeping aspects of the project (for example, the coalition and volunteers) going following completion of external funding.

Short-term projects with no plan to sustain will have a difficult time attracting partners or volunteers. There may be resistance in getting involved when there is the belief that the project will disappear.

> "Resources are needed to sustain programs and create programs. If you are going to create a program, you have to do media, get volunteers involved, you may be required to produce pamphlets and then you have to evaluate what you did and bring the evaluation back. So that's a fair bit of work, and is quite a time commitment for volunteers. And true, when people who you look to for support are gone, it is pretty scary, when you're out there on your own. And I think we do need to make sure that there are some resources there."
>
> *HCIA Volunteer*

Sustainability is key because:

- Volunteers do not want to feel that all tasks are being downloaded onto them, and therefore they require paid resource staff
- Community mobilization to change people's behaviours and attitudes can take a long time, longer than project funds have been allotted
- Resources are needed to continue programs, planning, skill building, and volunteer appreciation

Therefore, keeping sustainability in mind throughout the project is important. Keys to success for sustainability include:

- Getting a commitment to resources from partners that are long-term, including incorporating active support functions into the job descriptions of long-term staff
- Planning from the start for sustainability and making all decisions from the start of the project keeping sustainability in mind
- Addressing challenges with regards to sustainability as they come up throughout the process
- Meeting regularly with partners to discuss sustainability
- Writing a document on sustainability of the project (as discussed more in later chapters)

> "I think we'll always need support, both financially and knowledge-wise, because you need someone who can coordinate it."
>
> *HCIA Volunteer*

Community Mobilization Challenges

While the PEI Community Mobilization Framework illustrates the facilitators to community mobilization, there will also be challenges while mobilizing a community. The remaining section of this chapter discusses challenges that arose in the Heart Health project. Other community mobilization projects may have similar challenges, as well as challenges that are specific to their own issue and communities.

Charting Unknown Territory

- When working with the community using a community mobilization model, i.e., when 'leading by following', there is no road map that can be followed. It can be a slow process as staff wait for guidance and advice from the community every step of the way. This can lead to frustration among both staff and volunteers.
- Another challenge as a result of charting unknown territory is the potential perception that community mobilization, a new concept to many, is simply downloading on volunteers. The sense that what was once accomplished by staff is now being asked of a volunteer can prove to be challenging, particularly if the importance of volunteers in the community mobilization process is not clearly understood.
- Finally, as part of doing things differently through community mobilization, there is a need for staff to be flexible. The needs of the community need to be met, even if this is different then the agenda of the staff.

In the case of Heart Health, meeting the needs of the community has resulted in last minute changes of meeting agendas when different audiences arrive than what was expected, as well as having to wait more than a year, longer than planned, for the community to feel comfortable to develop a coalition.

> "There hasn't been a lot of action, so it's been slow, seemingly slow. However, when we look back over the past year and what we've accomplished, in a very short period of time, it's astounding really." *HCIA volunteer*

Balance Between Professionals and Community Members

- It can be a challenge to have meetings at a convenient time for both community volunteers and professionals who are involved in the project. This can be handled in a variety of ways, including surveying everyone for their preferred time, as well as having the volunteers and professionals decide on a time to meet.

Inconsistent Attendance

- It can be very difficult to move to the next stage of development at times due to inconsistency of meeting membership. Meeting agendas may need to be revised at the last minute, and more time spent on providing basic information to new members. This can lead to frustration among long-time members, and can result in delays in the community mobilization process, as moving from planning to action takes longer than planned. However, this inconsistent attendance can be beneficial as it broadens the base of people whom are aware of the project.
- When following a community mobilization approach, there can be varied attendance at meetings. As a result of lack of attendance at some meetings, decisions may need to be held off until more people are in attendance. This again slows the process. This can also add to frustration among very committed volunteers, who can feel discouraged as a result of lack of commitment by other volunteers. Telephone calls to remind people prior to meetings may be helpful, as is following up with people who have missed a meeting to keep them up to date.

> 'We had some turnover of volunteers, we were constantly trying to bring someone up to speed, and you were trying to get things going and trying to bring someone up to speed at the same time. Those two things don't go together'. *HCIA volunteer*

Time Intensive Planning and Organizing

- Working with a diverse group of volunteers is a big time commitment. It is important that volunteers are working in an area that they feel comfortable, that planners are doing the planning, and that the doers are involved in program delivery. Many staff hours are spent recruiting volunteers, orientating volunteers and in volunteer recognition. A broad base of volunteers should be the end outcome.

- It can be very difficult for staff to develop the structure and at the same time work with the working groups/task groups to implement programs, particularly before volunteers feel comfortable taking on increased tasks and roles.

- The intense amount of time that staff devote in the process is equally true for many volunteers. Volunteer burnout can be a challenge as well that needs to be dealt with appropriately.

> "The more volunteers you have, the less you exhaust the one's that you already have plus (you get) all the different perspectives and people have different contacts in the communities. It is not unique to Heart Health, it is every community project". *HCIA volunteer*

Ongoing Leadership and Support

- The organizational structure created in a community mobilization process needs support on an ongoing basis. Many volunteers have limited experience in community development and limited skills in working with a community group, yet are asked to act as resources to the structure. Capacity can be built with these individuals through formal and informal training. However, in early stages of the mobilization process, it can be challenging to have volunteers agree to take on tasks. Increased trust with regard to what volunteers are asked to do versus what staff will support can assist in this transition.

- If paid professionals are involved in the community mobilization process as part of their job, they may have particular concerns about the time commitment of their new role. They may question how they can take on this role with their current workload. Ongoing consultations with the staff as well as their employer can assist in finding a way to address this issue.

Long-Term Sustainability

- There can be skepticism of sustainability of the community mobilization project in the long-run, particularly if the community involved has seen projects come and go in the past. On the other hand, if sustainability is dealt with from the start, and a plan for sustainability written, there can be optimism for the future.

Conclusion

The principles outlined in the PEI Community Mobilization Framework are integral in community mobilization. By 'leading by following', the lessons learned from the Heart Health project can be helpful for other community mobilization projects.

While challenges may vary by project and issue, a greater understanding of the facilitators and barriers to community mobilization can be helpful to other communities

Chapter 4: Using Research in Community Mobilization

Research is an important component of any community mobilization project, in particular Participatory Action Research, which involves the community in research, and uses research results for action. Research includes:

- Needs assessments
- Baseline research
- Program evaluation
- Volunteer satisfaction
- Meeting evaluations

There are plenty of manuals, books, and websites on conducting needs assessment and research.

Taylor, A.R., and Botschner, J.V. (1998). **Evaluation Handbook**. Ontario: Ontario Community Support Association.
-step-by-step information on conducting formative and summative evaluations

Barnsley, J., and Ellis, D. (1992). **Research for Change: Participatory Action Research for Community Groups.** Vancouver: Women's Research Centre.
-PAR, and other important research information including how to facilitate a focus group

Heart Smart North Shore. (1997). **Journey to Heart Health: A Guide to Process Evaluation in Community-Based Health Promotion**. North Vancouver, BC.
-participatory action research, process evaluation

Denham, D., and Gillespie, J. (1996). **Guide to Project Evaluation: A Participatory Approach.** Ottawa: Health Canada, Health Services and Promotion Branch.
-provides a framework for program evaluation, how to analyze and interpret data, how to prepare evaluation reports, and worksheets to assist you in evaluation

Michael, Lorna, and Howell, Robert E. (1980). **Community Needs Assessment Techniques.** Western Rural Development Centre.
-information on participant observation, case study, secondary data, survey, as well as other techniques in assessing needs in the community

One of the first research tasks in a community mobilization project is a needs assessment, or baseline research if a needs assessment has already been conducted. Community involvement in research and evaluation shoOne of the first research tasks in a community mobilization project uld be attained throughout the community mobilization process, including in the early stages with the needs assessment or baseline research.

Traditionally, research is something that is done by 'professional' researchers to a community. Increasingly, the importance and benefits of including community members in the research process is becoming apparent. Community involvement in the research process, including needs assessments, is essential for a number of reasons, including:

- Community members are the most knowledgeable about issues affecting their community,
- Community involvement builds ownership around research issues,
- Community has evaluation capacity and can apply this to other local needs for evaluation and research, and
- Community involvement encourages sustainability of newly developed initiatives.

Therefore, it is to everyone's benefit to involve community members in the research process from the start. This section will outline the process of involving the community as researchers, the benefits and challenges of this involvement, and criteria for success.

The Heart Health project used a Participatory Action Research approach to involve community members in the research process. Based on the principles of Participatory Action Research, PEI Heart Health staff formed a Community Research Associates Team (CRAT), made up of a group of community members from different walks of life.

Research can be used as a communication tool in the community mobilization process. Conducting a needs assessment or baseline research means contacting community members, and introducing them to the topic of interest. The results of this research are also presented or published for the community.

Later on in the process, evaluation results can be published in the newspaper or other means, again as an important communication tool.

There are a number of factors to consider when involving community members in the research process, including the importance of:

- Involving community members in the research process in meaningful and legitimate roles from the start. Meaningful and legitimate roles and responsibilities include sharing power with the community members to direct, shape, and approve the needs assessment process
- Including diverse representation from the community, including different ages, sexes, employment status, educational backgrounds, and, if applicable, cultural backgrounds
- Offering something for the community members in return – for example the opportunity to increase research skills, protect community interests, and represent the needs and uniqueness of the community
- Staying task focused
- Respecting volunteers' time, through keeping on time, on agenda, and acknowledging contributions

At the start, individuals for the CRAT were identified who may be interested in the project, because of their work in the health field, interest in research, or past experiences with improving their health. The local high school counsellor was contacted to determine whether or not there was interest by the grade 11's and 12's to obtain some volunteer work experience. A number of high school volunteers were recruited through this method.

Community members can be involved in a number of research tasks, including:

- Development, review, and editing of the baseline questionnaire
- Development of a marketing plan to 'warm the community up' about the upcoming questionnaire
- Conducting the telephone interviews for the baseline research
- Dissemination of the research results, including presentations to community members, layouts for newspapers, and writing press releases
- Development of meeting and program evaluations
- Moderation of focus groups or one-on-one interviews

Some of the decisions the CRAT's were involved in included deciding:

- *To conduct a telephone survey for the baseline research, given the high illiteracy rates in the region, rather than the originally planned (and cheaper) mailout survey*
- *To include questions about stress in the survey, and to partner with the Diabetes Committee and the Cancer Research Council, as cancer and diabetes are two important health issues in the community, and members did not want an overlap in surveys or to overburden the community*
- *On the most appropriate timing for conducting the survey, based on seasonal employment and other factors*

> 'I find it amazing when we were looking at the (baseline) survey. We'd look at it one night, the next time around somebody else would mention something and we had missed it the previous meeting ourselves. ...It's just sort of evolved, it's an interesting process'.
>
> *CRAT member*

Implications of Community Members as Researchers

Benefits

Some of the benefits of having a group of community members as researchers are:

- Increased trust by the community with regards to research, since it is not outside researchers coming in and doing research on them. This results in increased ownership of the research.
- High response rate, as well as positive reactions to the survey from community members and respondents. Many people may be wary of research, especially if you are in a community that has been 'researched to death'. Community members may have experience with research that has been collected in the past and not been used or the results reported back. By involving community members, however, people may be more likely to take part in the survey. This community involvement throughout the research process can result in community buy-in to the survey and the results, as well as ownership of the results.

> 'I think with the Community Research Associates assisting in the presentation of the results to the community, that's helped to build the awareness of the project and get the community to have ownership for it as well. It's not just someone from the outside presenting it, it's community members presenting those details, at different times'.
>
> *CRAT member*

- Increased awareness of the importance of evaluation.
- Increased capacity among the community researchers, including research skills and communication skills. These skills may even help in people's careers, particularly in areas of low employment.

The CRAT's took part in such trainings as:

- *Focus group trainings*
- *Program evaluation trainings*
- *Computer data analysis programs (SPSS and NUDIST)*
- *Telephone interviewing*
- *Questionnaire design training*

They also took part in informal trainings, where they learned as tasks were conducted. This included survey design, meeting evaluations, and presenting research and evaluation results.

Challenges

While the importance, relevance, and benefits of having a community research group are apparent, there are a few challenges when working with a predominantly volunteer research team, including:

- Explaining to community researchers about the research process, and having them understand and explain to others the results and methodological issues. This may result in a non-representative group of community researchers, as older, less formally educated volunteers may be less likely to join.
- Turnover of volunteers means having to train others who come on board, and this illustrates the need for ongoing skills training and support for the group.
- Research can also be a slow process when working with volunteers, and action oriented people may experience frustration. The slowness of the project may also be difficult for researchers not accustomed to working with community members.

> 'It's given me an appreciation for the research tools. Like, before I worked with doing surveys and research projects, but I never really gave it much thought, to the questions that were on it. So now I have much more of an appreciation for where they came from and how long it took, that sort of thing. What they were hoping to achieve.'
>
> *CRAT member*

- To achieve legitimate participation of community members, there is an increased demand on the research staff in working with volunteers, including providing ongoing support and training, chairing a large number of meetings especially at the start of the project, holding meetings and trainings when it is convenient for community members (which often times translates into nights or weekends), and developing and maintaining relationships with the community volunteer researchers, which takes time and ongoing communication. As research cannot be conducted or released without meaningful community input, the entire research process is prolonged. However, the results are well worth the extra time and energy that must be expended by both research staff and volunteers.

Criteria for Success

All in all, the benefits of having community members involved in the research process greatly outweigh the challenges. There are a number of criteria for success that are necessary to be successful, and to have legitimate and meaningful involvement from the community researchers. These success criteria are summarized in the PEI Community Mobilization Framework.

- **Common vision and goals** are needed. This includes a committed group of volunteers, and as one member said, 'That's sort of challenging to find people who are committed'.
- **Power sharing** is necessary. This includes:
  - Reciprocity among volunteers and staff members, which may include the paid researchers giving back to the volunteers in other ways, such as volunteering in return or supporting other community fundraising projects.
  - Volunteer incentives should be provided, including meals when appropriate and saying thank you. Social relationships are also an important incentive.
  - A relaxed atmosphere along with respect among members is important

> I think we made some good friends...we made some new friendships, got to know our community members a little better'. *CRAT member*

> We're not conscious of professional background, we're not conscious of age, or anything, we just respect people for what they're saying at the moment and what they're intending to add to the group'. *CRAT member*

- To truly share power, there should be representatives from different walks of life.
- Finally, community members should be involved in meaningful tasks. This translates into a requirement for researchers who are willing to share their power and skills and pass these on to community members. Since meaningful and legitimate roles for the volunteers are necessary, this includes giving community members the power to approve, shape, veto, or redirect the research process.

> 'Having tasks, feeling like you're coming to a meeting, you're going to get something accomplished, not just coming to a meeting for the sake of a meeting. That will keep people interested'. *CRAT member*

> Each person represents a different part of society. Even in a small town, we have someone from the medical side, we have someone from the academic student side, we have someone from experience side, and then you got researchers. So I find that humbling, because I don't know a whole lot, but I know a little bit. And so I find myself gleaning off the next person'. *CRAT member*

- **Capacity** of the community members should be increased through formal and informal training. Community members should get a chance to use these skills as well.
- There should be ongoing formal and informal **evaluation**. Evaluation can help researchers and community members to make changes when necessary, and can also result in learnings which can be disseminated in various forms to community groups and academics.

> 'I learned a great deal by going to meetings and ... I have skills that I could use in the future.' *CRAT member*

Conclusions

One of the key results of working with community members in legitimate and meaningful ways from the start in the research process is that community involvement (and hence community ownership of the research) has positive implications at the population, partnership, and volunteer level.

The climate for community mobilization, including programs and policies, is prepared by the research process, as the needs assessment or baseline survey can warm the community up for programs, and the programs are informed by the survey results.

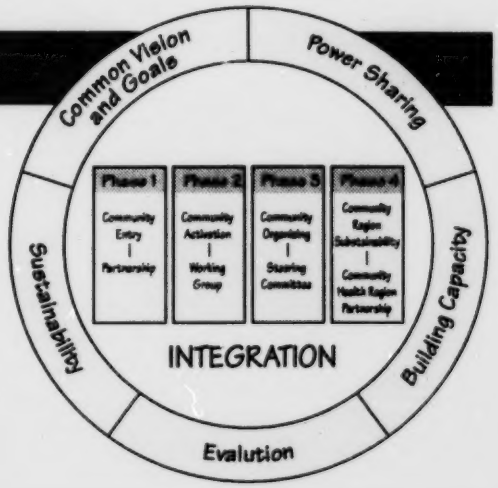
Partners, volunteers, and the community in general may increasingly see the value and use of ongoing evaluation as awareness and research skills in the community increase

Chapter 5: Steps in Community Mobilization

There are four steps, or phases, in the community mobilization process, starting with community entry, volunteer development, coalition building, and ending with sustainability.

This chapter will focus on these four steps, and the factors within each.

Step One: Community Entry



The first step of the project focuses on entering the community. Community entry includes developing partnerships, and initial communications and meetings with key stakeholders. Each of these components will be discussed in turn. The needs assessment, or baseline research, is also conducted in the first step with the community, although this is discussed in Chapter 4.

Partnership

When entering a community, even if you are from that community, how you enter is very important. As part of the principles of the PEI Community Mobilization Framework, communication and power sharing are important processes to follow at this step.

The first step in the PEI Community Mobilization Framework is to form partnerships. Depending on the partner, partners can be helpful in a number of ways, such as:

- Supporting mobilization, including providing resources such as program dollars or meeting space
- Providing expertise
- Informing you about the community
- Assisting in gaining entry and acceptance in the community
- Providing structures and resources for sustainability, if the project is short-term

The main issues that need to be considered prior to developing partnerships are:

- Who does it make sense to partner with? Who has similar goals?
- What do I have for information about the project that clearly outlines the benefits to them, and to us, in partnering?
- Who within the organization should I talk to?
- How will the partner be involved? What are the expectations for the partner? Will they sit on the coalition?

> "It was obvious that we were both doing similar things and had different strengths that could assist each other or enhance each other."
> HCIA Partner

People within organizations change, and it is not always a good idea to 'put all of your eggs into one basket'. If you can, try to talk to a number of people within the organization about the project. This way, there are lots of people who know about your cause, and can be called upon as allies when needed. Relationships need to be built with organizations, not individuals, and information shared widely. The greater number of people who buy in to the project early on, the greater the resilience to inevitable change in the organization.

Talking to partners is also a good place to start to ask 'who else should be involved?' Ideas for other potential partners, as well as stakeholders and volunteers, can be gathered from these meetings.

It is not necessary to have a dozen partners. Heart Health started building relationships with a couple of organizations, but some organizations took longer to partner with than others and some never came on board.

When outlining information to provide to a prospective partner, keep it simple and to the point. Important points include what is the benefit to them, and what you expect in return. As will be discussed with the stakeholders, when building relationships in community mobilization, ask for the partner's input into the project. Input not only builds ownership of the project, but makes the project that much more successful.

What can you do for your partner? Heart Health staff had research expertise, and we used this in the early steps of the process to help the Health Region with some research tasks.

> "Common goals
> —that's what really ties the partners together".
> HCIA Partner

Partnerships were formed through dialogue with the project coordinator of Heart Health and potential partners. Partnerships were established separately with representatives from each partner organization through face-to-face meetings. Once a decision was made to partner, a written agreement was drafted outlining the partnership.

Following the relationship processes outlined in the community mobilization framework is important when developing partnerships:

- **Common vision and goals** between you and the partner can facilitate the partnership development. Meet in person to discuss expectations and address any concerns regarding the partnership. The written agreement is useful in ensuring common vision and goals.

- **Open and ongoing communication** between you and the partners is needed. Developing partners can take a long time, and requires ongoing communication throughout the entire community mobilization process. Meetings of the partner representatives should be held on an as needed basis.

- **Power sharing**, including shared decision making, consensus, and conflict resolution is important. Although partners may have common goals, challenges still arise. Through open communication, as well as a culture in place that supports power sharing, these challenges can be worked through.

- **Ongoing evaluation** should be done with the partners. This can be done through one- on-one interviews, as well as informal evaluations throughout the community mobilization process. If problems arise, they need to be sorted out quickly!

- **Sustainability** of the project is an issue that should be discussed from the start. In these days of short-term funded projects, for many partners the question is 'What will happen when the money runs out?' Be prepared to address this with potential partners.

Key Stakeholders

In community mobilization, there is a danger of being perceived as 'taking over', and not listening to the community. In the case of Heart Health, this was overcome by meeting and consulting with as many people as possible, in a variety of sectors of the community.

Meetings and consultations can vary in structure, but the basic elements are the same:

- To tell them about the issue
- To discuss community mobilization
- To illustrate how they fit in, and why the issue matters to them
- And, perhaps most importantly, to ask for their input and ideas about the project and their community.

When we conducted one-on-one interviews, some organizations 'fit in' to the health promotion issue better than others. However, it was our role to illustrate why the issue of heart health mattered to them.

Ways to involve key stakeholders include:

- Meetings and consultations
- One-on-one interview
- Letters
- Presentations
- Questionnaires

When looking to partners and key stakeholders, Heart Health also looked at groups or organizations that already had a coalition with community members and professionals. Rather than 'reinventing the wheel', we looked to see where we could fit in. We presented to these boards, and had one-on-one discussions with the chairs or staff of these boards. While we did not find an existing board to 'belong to', we built many positive relationships that were integral to our success in the long run. As well, we did not appear to be 'stepping on anybody' s toes' by starting a group that already existed.

Who should you invite?

- Local businesses
- Community organizations
- Movers and shakers'
- Youth
- Seniors
- Representatives from different geographical areas

In the consultations, stakeholders should be asked:

- What activities are already taking place in the community on the issue of interest
- What groups currently coordinate others on that issue
- What is already being done in the community around this issue
- What are the gaps in the community around the issue
- Which individuals or groups should be involved
- What an organizational structure may look like
- What role you should play in the community around this issue

You may have to have multiple meetings, consultations, and interviews. With Heart Health, the first health promotion consultation consisted of groups and organizations, mainly from the Health Region. Two months later, individuals from the first consultation helped to organize a second Health Promotion Consultation. Although not intentional, the second consultation was made up of an entirely different group of people, mostly community members. Hence, rather then building on information from the first consultation, it was necessary to 'start from square one' for the second consultation. However, the benefit of reaching new people each time was that a broad volunteer base was starting to develop at this early stage.

Therefore, the consultations and meetings can help you understand:

- What role other organizations play in the issue of discussion
- Who you should talk to, partner with, and work with
- What challenges you may face
- The role that you may play in this issue

Some stakeholders ended up being more involved in the project than others. However, we found that each stakeholder we talked to ended up supporting us in some way – through sending staff or volunteers to meetings or providing resources including program resources and free media. As well, positive word-of-mouth goes a long way!

Even if you are from the community that is mobilizing, it will be important to have an open discussion with key stakeholders. This will show that you are open to others, that you do not believe that you have the answer, and will build ownership.

Heart Health was encouraged to meet with various organizations and groups, 'keep your arms open as wide as possible', and to get others on the same 'wavelength' by illustrating the health promotion activities that they were already involved in.

Step Two: Community Activation

Step Two in the PEI Community Mobilization Framework is Community Activation.

In the original PEI Community Mobilization Framework, it was expected that following community entry, a coalition would be formed. In the Eastern Kings Heart Health project, this did not occur. Instead, step two focused on the formation of a volunteer base and volunteer development, and implementation of programs. By 'leading by following', the staff listened to partners and volunteers, who were not yet ready to form an organizational structure.

Planning Retreat

Planning is the next step in community mobilization. One effective way to plan is to hold a planning retreat. The reasons for having a planning retreat are to:

- Educate and inform people about the issue
- Continue to get people's input into the issue
- Get people interested and excited
- Plan a mission, objectives, and top activities for the group
- Talk about next steps, including the 'early success' event

Invite a broad range of people to the retreat, including all of those people who you talked to in Step One. As well, advertise the meeting in the local paper and on posters in community centres, schools, and malls, keeping 'your arms wide open'.

Icebreakers:

- Ask everyone to write down four statements about themselves — three of them true and one of them untrue. Then, take turns reading these out and have people guess which statement is untrue.
- Pass around a bowl of Smarties©, and ask people to take a few—but don't eat them! Once everyone has Smarties© in front of them, each person must say that number of things about themselves. So if they took 5 Smarties©, they have to say 5 things about themselves.
- Prior to the meeting, develop a handout with various descriptions of a person followed by a blank space. For example, statements may read 'has a cat', 'is a nurse', 'has never been to Hawaii'. Each person in the meeting gets one of these sheets. People have to mingle, and get a different person to sign next to each statement that is true about them. The first person to get all their spaces signed, 'wins'.

The retreat is a good place to talk about the needs assessment or baseline research, and show results if they are done. This research is essential in planning.

At our first planning retreat, we had people draw a picture or write a poem to illustrate their vision of a healthy community.

'Be where the community is at'. Although originally a part of the agenda, the name of the group and the structure required to move the top ten priorities to action were not discussed at the initial Heart Health retreat. Participants felt that the process was moving too fast, and hence, these agenda items were left for later meetings. The community moved at its own pace to suit its needs.

For information on developing a vision, mission, objectives, and activities:

- Community ToolBox
  http://ctb.lsi.ukans.edu/tools/c6/c6s1f.shtml
- Healthy Communities
  http://www.health.gov/healthypeople/state/toolkit/priorities.htm

'Early Success'

An early success is an activity or program that takes place soon after the first planning meeting. An 'early success' serves a number of functions, such as:

- Increasing awareness of the issue
- Developing ownership of the issue, as people have something to be proud about
- Attracting volunteers and others

When planning activities, see what other programs and activities are out there. Don't 're-invent the wheel'. Ask yourself: what is already going on in the community? What is needed? Who can help?

Our 'early success' was a 'kick-off event' called Sunday in the Park. People from the retreat were involved in planning the event. The Kick-Off event included community booths, a walk and run, and a proclamation that the area is a heart healthy community. Community members, volunteers, media, politicians, and community organizations all took part.

Moving From Planning to Activities

Following an early success, it is time to get down to business. In the early stages, this may include:

- Choosing a name
- Choosing a structure to get tasks done, such as working groups
- Moving ahead on the top ten priorities based on the baseline research or needs assessment and the planning retreat

Following the retreat and kick-off event, a meeting was held of the group of volunteers and professionals. A name for the group was discussed and it was felt that it was important to have a name that was all inclusive, not focused solely on Heart Health. There was a commitment from the group to look at health promotion in a broad sense, and hence 'Healthy Communities in Action' was chosen as the name of the group. It was also decided that the top ten priorities for action identified during the Mobilizing Retreat would best be carried out through a structure which included working groups. Working groups based on the risk behaviours for heart disease were discussed and agreed upon which included nutrition, active living, smoking and stress (in addition to the research group). Each working group worked on programs and activities in their specific area.

ENCOURAGE INVOLVEMENT:

Get everyone involved in the Early Success by:

- Having current volunteers plan the event
- Assigning tasks including opening ceremonies, greeting guests, taking pictures, and clean-up
- Inviting the local media and politicians
- Inviting local community organizations to have information booths at the event

Let the Activities Begin!

Planning and carrying out programs is what keeps volunteers motivated in a project such as this. Results are easy to see, and this is also a way to bring on more volunteers.

The first programs that we did included a Walking Club in conjunction with Heart and Stroke, as well as the Healthy Way Page in the local paper.

Periodic meetings with all of the working groups are important at this step in the process. **With no coalition yet in place, these periodic meetings are helpful to:**

- Keep the communication lines open between working groups
- Build volunteer relationships
- Share resources and ideas
- Share a sense of working towards the overall mission

When issues come up in a meeting that cannot be addressed in that meeting, put these in the 'Parking Lot'. Develop a flipchart with Parking Lot items to address at a later time. Let everybody know about this practice, and deal with these issues later.

Other important tasks to facilitate planning and carrying out programs:

- Evaluate programs and meetings as they take place, and return these results to the working groups. As well, keep partners informed of program successes, as well as other successes, such as volunteer involvement.
- Continue to recruit volunteers through word of mouth, existing volunteers, contacts with gate keepers such as school guidance counselors and other allies. Put notices in the community newspaper and on posters.
- Use existing resources such as volunteer and staff program ideas to develop a package of programs and activities that meet the needs of the community.
- Continue to develop volunteer skills in research and program areas. This will allow volunteers to assume more responsibility in anticipation of the sustainability step.

Step Three: Community Organizing

Community mobilization means, of course, waiting for the community to make decisions, including the decision to form a coalition.

Formation of Co-Chairs

For Heart Health, there was increasing frustration of some volunteers and professionals as a result of attending meetings that were felt to be less productive, and focused solely on information sharing and 'catching up' new volunteers. In one meeting, it was mentioned that more time on action in working groups was needed, yet there was still a need to ensure that the working groups were informed of the larger picture, and that communication lines between working groups were open. Therefore, community and health region co-chairs for each of the working groups were chosen. Health region (i.e., paid) and community (i.e., unpaid) co-chairs were chosen for each group for the purposes of broad involvement, as well as sustainability. It was agreed that to ensure sustainability of each working group, the working groups required someone in a paid position to support each group. This was the first step towards the formation of the Steering Committee or Coalition.

> 'Now that there is more structure so that it becomes clearly defined what each person is supposed to do. I felt sort of like I was floating before and now I feel more direct[illegible] and I think that the structure is going to help that'.
>
> *HCIA Volunteer*

Steering Committee

In the initial meetings of the steering committee / coalition, agenda items may include discussing:

- The steering committee's role
- Their relationship to the working groups
- A plan for the year
- Updates from working groups

Why didn't we just form a coalition earlier on? To build ownership and trust, the community decides when it is ready – and then staff's role is to facilitate the development of the coalition. Sufficient time and skill development may be needed before volunteers feel comfortable moving into leadership roles.

Continuation of Factors in Previous Steps

In Step Three, much of what was started in Step Two continues on, including:

- Ongoing training and capacity building
- Ongoing programs and initiatives
- Ongoing planning and retreats
- Ongoing program and meeting evaluation

Once the steering committee is up and running, meeting with all working groups once or twice a year is still important. These meetings may cover:

- Accomplishments
- Updates on working groups
- Review of program evaluation data
- Guest speakers on topics of interest
- Action plan development
- Discussion of potential group activities
- Volunteer appreciation

Healthy Communities in Action (1999). **A Plan for Sustainability.** Charlottetown: Queen's Printer.

Bracht, N., Thompson, B., Winner,C. **Planning for Durability: Keeping the Vision Alive.** ASSIST, National Cancer Institute and the American Cancer Society.

Step Four: Community-Region Sustainability

Sustainability is a principle in the PEI Community Mobilization Framework, as well as the final step in the community mobilization process. Therefore, sustainability is something that should be kept in mind throughout the process.

This step is really a formalization of what has already occurred with regards to sustainability. In the case of the Heart Health project in Eastern Kings, integration of support functions for the Healthy Communities in Action coalition and its working groups into the Health Region's Community Health Unit was key to sustainability.

One way to formalize this process of sustainability is to develop a sustainability plan.

Items to include in the sustainability plan include:

- A current SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis
- Organizational structures and roles
- Lists of programs and activities
- Skills and trainings
- Sustainable programs and inteventions
- Resources available
- Recommendations

The sustainability plan can be written and approved by all partners involved. This provides an opportunity to address any gaps or challenges prior to the end of the project.

Discussions on sustainability took place throughout the Heart Health project. However, with a year left in the project, meetings became more formal, and more frequent, and a plan was put into place.

Some funding references:

Fleming, peter. (1991). **Fund-raising for your organization.** (Report No. 88-173). Toronto, Ontario: Ontario Ministry of Agricultyre and Food: Fact Sheet.

Langille, L. (1997, April). **Sources of Funding for Health Promotion and Related Research.** Halifax, N.S.: Dalhousie University, Atlantic Health Promotion Research.

Community Animation Program. (1997). **Tips on Applying for Funding.** Dartmouth, NS.

While looking for other funding sources would have been a part of all of the steps of the process in Step Four, this may become increasingly important to ensure sustainability.

Finally, communicating and keeping the community involved in sustainability is important. Communication of sustainability issues and updates can take place through volunteer newsletters, meetings, and other such forms. Getting input can take place through brainstorming activities as well as evaluation forms.

Chapter 6: Conclusion

This handbook has been developed to help other communities with their community mobilization projects.

While each community and project are unique, the learnings from Heart Health in Prince Edward Island illustrate that certain processes are important in building relationships in the community, and that the steps for community mobilization can in fact be applied to many communities mobilizing for a variety of issues. The benefits of community mobilization are numerous, although challenges can, and do, arise. This manual has outlined what has been learned in Eastern Kings, Prince Edward Island, in an effort to assist others in their community mobilization process.

> The options are local...it allows for better buy-in from the community, when it's people that are locally organizing it...
>
> *HCIA volunteer*

How To Measure Community Mobilization Success

- Number of volunteer hours
- Number of programs
- Behaviour changes
- Number of partnerships
- Satisfaction with partnerships
- Increased roles and responsibilities for volunteers
- Number of trainings / skill development
- Cash donated
- Resources donated
- Broad representation from community

Appendix A: Reference

Duhl, L.J. (1996). An Ecohistory of Health: The Role of 'Healthy Cities'. **American Journal of Health Promotion**, Volume 10 (4), pp. 258-261.

Green, L.W., George, M.A., Daniel, M. Frankish, C.J., Herbert, C.J., Bowie, W.R., O'Neill, M. (1995). **Study of Participatory Action Research in Health Promotion: Review and Recommendations for the Development of Participatory Research in Health Promotion in Canada**. Institute of Health Promotion Research, UBC and the BC Consortium for Health Promotion Research.

Jackson, C., Fortmann, S.P., Flora, J.A., Melton, R.J., Snider, J.P., and Littlefield, D. (1994). The Capacity-Building Approach to Intervention Maintenance Implemented by the Stanford Five-City Project. **Health Education Research, Theory and Practice**, Volume 9 (3), pp. 385-396.

Sweet, Lamont; White, Rosemary; Herbert, Rosemary; & Mitchell, Terry. (1996). **Prince Edward Island Heart Health Program Dissemination Research Proposal: Research Protocols.**

Other Places to Find References

Throughout the manual, various references were provided for specific areas. For general information on coalitions and community mobilizing, see:

Kaye, G., and Wolff, T. (1995).
From the Ground Up! A Workbook on Coalition Building and Community Development.
Amherst, MA: AHEC/Community Partners.

Minkler, M. (editor). (1997).
Community Organizing and Community Building for Health.
New Brunswick, NJ: Rutgers University Press.

Ontario Prevention Clearinghouse. (1995).
Building Effective Coalitions: Training Module, training for trainer.
Toronto, Ontario: Health Information Centre, Ontario Ministry of Health.
(also see their web page at: www.opc.on.ca)

Appendix B: Sample Evaluation Tools

Health Promotion Consultation Questionnaire

During the consultation Terry asked if group participants would be willing to answer a follow-up questionnaire. Here it is, an opportunity to express your views, concerns and insights! Please offer any thoughts and reflections you may have had, since the November 15th consultation, on the meeting, health promotion, Heart Health, etc..

Please do not be discouraged by the length of this questionnaire. There are basically six main questions and A LOT OF BLANK SPACES for your responses.

1 ***Health Promotion Consultation Reflections:***
We are interested in your reflections on the work of the Heart Health team. Please describe your experience of the Nov. 15th consultation.

A. What were the strengths and weaknesses of this day?

_____

_____

_____

B. What did you learn of interest (if anything) about :
health promotion in Eastern Kings?
the Health Promotion Framework?
the Heart Health Program?

_____

_____

_____

2 ***Cooperation:***
Many opportunities for connection, cooperation, and support between existing organizations and programs were identified. It was suggested that: "With increased cooperation more could be done with existing resources".

A. Do you currently connect / cooperate with other organizations?
Yes ☐ No ☐

B. If yes, who?

_____

C. If not, why not?

_____

D. Would connecting with other organizations for increased cooperation interest you or your organization? Yes ☐ No ☐

E. If not, please explain.

_____

_____

_____

F. If yes:
How could you or your organization benefit from increased cooperation?

_____

_____

_____

G. What suggestions do you have for an organizational structure to support increased cooperation?

_____

_____

_____

H. In what way, if any, would you or your organization like to be involved in such a structure?

_____

_____

_____

3 Working Groups
It was also suggested that smaller groups and organizations, that focus on similar determinants of health, could work together.

A. Do you presently belong to any working groups? Yes ☐ No ☐

B. If yes, which ones?

_____

C. If not, why not?

_____

D. Does organizing in working groups interest you? Yes ☐ No ☐

E. If not, please explain.

_____

_____

_____

F. If yes, what ideas do you have for potential working groups?

_____

_____

_____

G. Which organizations would you or your organization consider linking with?

_____

_____

_____

4 ***Coordination***

On November 15th, participants discussed the possibility of the initiation and coordination of existing health promotion groups and organizations in Eastern Kings as a potential role for Heart Health.

A. Are you aware of any individual or group coordinating Health related organizations in Eastern Kings? Yes ☐ No ☐

B. If yes, who?

_____

_____

_____

C. If you know of no such group, do you agree that initiating the coordination of health promotion efforts in Eastern Kings is an appropriate role for the Heart Health team ? Yes ☐ No ☐

D. If so, what advice would you offer the Heart Health team ?

_____

_____

E. If not, from your perspective what is the role of the Heart Health Program in Eastern Kings?

_____

_____

5 ***Who Is Involved?***

Who is involved in health promotion? There were eleven organizations represented at the health promotion consultation; a number of other organizations or individuals were noted as missing.

A. Who else (individuals or organizations) needs to be included? (Please list phone numbers or addresses if possible).

_____

_____

_____

6 ***Identifying skills***

A number of training needs were identified e.g., leadership, group formation, volunteer recruitment and retention. Please complete the following knowledge and skills survey to assist us in identifying your current training needs and resources.

A. In column one, for each skill, please indicate whether you have:

1= no knowledge or skills
2 = some knowledge or skills
3 = a lot of knowledge or skills
4 = some expertise

B. In column two, please put a checkmark (✓) next to as many as ten areas in which you would like more training and support.

COLUMN 1: Rating from 1 (no knowledge or skills) to 4 (some expertise)	COLUMN 2: Need more training and support (✓)	Knowledge and skills
		Administrative Skills
		Budgeting
		Fundraising
		Writing goals and objectives
		Holding effective meetings (e.g. setting the agenda, taking minutes)
		Planning and implementing projects
		Working with the media
		Community Development Skills
		Gaining community support for a project
		Increasing a group's influence on health policies
		Maintaining our health programs in the community
		Health Related Skills
		Developing community-based health programs
		Knowledge of heart health issues

Appendix B

		Working with Partners and Volunteers
		Recruiting members for a cause
		Retaining membership
		Working with volunteers
		Ways of sharing skills and information, especially with new members
		Keeping members enthusiastic about a project
		Developing clear roles and responsibilities for members
		Working with other organizations
		Communication Skills
		Decision making
		Conflict resolution
		Leadership Skills
		Problem solving methods
		Public speaking
		Research and Evaluation Skills
		Knowing methods for gathering factual health information
		Knowing the needs and preferences of the community
		Monitoring and evaluating program performance
		Writing skills
		Computer skills
		Other (please specify)

The skills and knowledge survey has been adapted from the Community Health Promotion Kit, Minnesota Department of Health Nova Scotia and British Columbia Heart Health Demonstration Project

Appendix B

Evaluation of Meeting - PEI Heart Health

- Given the list of activities discussed today, what additional activities, if any, should included?

- How much of an opportunity did you have to influence the direction and/or decisions of today's meeting?

- Please describe the role of Heart Health so far in the development of this group. What advice do you have for the Heart Health team?

- Why did you become involved with this group?

- Do you plan on continuing your involvement with this group in the future? Why or why not?

- What do you see as your role in this group?

- Do you have any other comments?

PLEASE USE THE OTHER SIDE IF YOU NEED MORE SPACE

Thank you for completing this survey. Your participation is greatly appreciated!

Evaluation of Planning Meeting

1. What are the first two words or phrases that come to mind to describe the meeting from your point of view?

_____

_____

_____

_____

2. How useful was the exercise on reviewing the mission and objectives of the Healthy Communities In Action group?

-2 -1 0 1 2

3. How useful was the exercise on developing an action plan for the year?

-2 -1 0 1 2

4. Overall, how much do you feel you were encouraged to contribute to the group discussions?

-2 -1 0 1 2

5. Overall, how useful was tonight's meeting?

-2 -1 0 1 2

6. What were the strengths of the meeting?

_____

_____

_____

7. What could we do to improve future meetings?

_____

_____

_____

8. Do you need clarification or additional information on any of the topics discussed today?

9. Was there anything that you wanted to see discussed today that was not covered?

10. Do you have any comments on the structure of the HCIA and the working groups?

11. How optimistic are you about the long-term future of Healthy Communities in Action in Eastern Kings?

-2 -1 0 1 2

Please explain...

12. Do you have any other comments?

Thank you for your input!

HCIA Evaluation - Year 2000

Instructions:

- Rate each aspect of the meeting by checking (✓) the appropriate circle (O).
- Use line in far right column to comment or elaborate on rating.

Month	1	2	3	4	5	6	7	8	9	10	11	12
(1=Jan, etc.)	O	O	O	O	O	O	O	O	O	O	O	O

HCIA Group

Nutrition	O
Coping with Stress	O
Active Living	O
Smoke Free	O
Staff	O
Steering Committee	O

Aspect of Meeting	Poor	Fair	Good	Excellent	Anything Remarkable
1. Agenda Items Listed	O	O	O	O	
2. Adherence to Agenda	O	O	O	O	
3. Minutes of Last Meeting	O	O	O	O	
4. Reports	O	O	O	O	
5. Business	O	O	O	O	
6. Quality of Discussion	O	O	O	O	
7. Length of Discussion	O	O	O	O	
8. Decision-Making Ability	O	O	O	O	
9. Leadership	O	O	O	O	
10. Conflict Resolution	O	O	O	O	
11. Participation	O	O	O	O	
12. Productivity	O	O	O	O	
13. Group Cohesion	O	O	O	O	
14. Preparation (+pkg.1 wk ahead)	O	O	O	O	
15. Networking value	O	O	O	O	
16. Length of Meeting	O	O	O	O	

Write any comments and/or suggestions that would improve upcoming meetings:

a) For <u>YOU</u> as a volunteer or staff? _____

_____

b) For the <u>GROUP</u> that you represent? _____

_____

The results of this evaluation will be used to plan the next meeting. Thank You !!!

	1	2	3	4	5	6	7	8	9
Office use only:	O	O	O	O	O	O	O	O	O
	O	O	O	O	O	O	O	O	O
	O	O	O	O	O	O	O	O	O

Appendix B

Focus Group - Community Research Associates Team

We have finished the community baseline questionnaire which was a major achievement. We are coming up on the summer, and it is time to give all of you a little break, given all the hard work that you have put into this group. Therefore, today we would like to find out from you about your past experiences with the Community Research Associates Team as we look to the future. We want to know if you think this group has been effective, what has or has not been satisfying to you, and to look at future goals and how we can get ready for future action in the Fall. You have just completed a questionnaire in some detail from which I will tally the results, but now I would like to talk to you as a group, about some of the issues that are mentioned in the questionnaire.

1. How are you feeling about what the team has accomplished?
   - -future accomplishments
   - -how effective have we been
   - -balance between planning and action

2. How do you think we are doing as a group?
   - -structure, meeting formats
   - -representatives from community
   - -leadership
   - -decision making
   - -communication
   - -participation
   - -consensus
   - -conflict resolution

3. What do you think about research skills and training?
   - -did you get enough?
   - -do you want more?

4. What are some of the costs of being involved with the team? Benefits?
   - -burnout or excited heading into the next phase?

5. What can we do to keep this group a vital group?
   - -what do you need as individuals to continue to participate?

6. How will we, as a group, get more people involved on the Community Research Associates Team?

7. Any other comments?

Grocery Store Tour

PEI Heart Health would like to collect some information from you as you finish the tour in order to make our programs better. The information that you give to us will be grouped together when reported, and you will not be identified. Please do not put your name on this form. Please place a checkmark in the boxes that apply.

1. How did you hear about the Grocery Store Tour? (Check ALL boxes that apply).
   - ☐ Poster
   - ☐ Radio
   - ☐ Beacon
   - ☐ Other newspaper
   - ☐ Community member
   - ☐ Church bulletin
   - ☐ School bulletin
   - ☐ Other _____

2. Would you recommend the Tour to others?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
   - ☐ Maybe

3. Do you plan on making changes based on what you have learned today?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
   - ☐ Maybe

4. Do you have any comments about the Tour? _____
   _____
   _____

5. What is your sex?
   - ☐ Male
   - ☐ Female

6. To which of the following age categories do you belong?
   - ☐ 15 and Under
   - ☐ 16-17
   - ☐ 18-24
   - ☐ 25-34
   - ☐ 35-44
   - ☐ 45-54
   - ☐ 55-64
   - ☐ 65 and over

Thank you for taking the time to complete this form.
Your input is important to us!

Appendix B

Evaluation of Heart Health Presentations at Eastern Kings Community School

1. I attended the following Heart Health Community School sessions:
   - ☐ Blood pressure / cholesterol / general heart health (January 4th)
   - ☐ Physical Activity (January 18th)
   - ☐ Nutrition (February 1st)
   - ☐ Smoke-free (February 15th)
   - ☐ Stress (March 1st)

2. Overall, the sessions were:
   ☐ Very Poor ☐ Poor ☐ OK ☐ Good ☐ Very Good

3. What I liked the best about the sessions were: _____

4. What I liked least about the sessions were: _____

5. Do you think the community would benefit from more presentations on heart health issues like the one's at this Community School?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
   - ☐ Maybe

6. A) Do you plan on making changes based on what you have learned about heart health over the past few weeks?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
   - ☐ Maybe

B) If yes to Question #6A, what changes do you plan on making? _____

ALMOST DONE ... JUST A FEW MORE QUESTIONS

7. What is your sex?
   - ☐ Male
   - ☐ Female

8. To which of the following age categories do you belong?
   - ☐ 15 and Under
   - ☐ 16-17
   - ☐ 18-24
   - ☐ 25-34
   - ☐ 35-44
   - ☐ 45-54
   - ☐ 55-64
   - ☐ 65 and over

9. Do you have any other comments?

_____

_____

_____

_____

_____

Thank you for taking the time to complete this form.
Your input is important to us!

Appendix B

Recording Hours Contributed to Project

Date	Event (Meeting, Program, Task Group)	Number of Volunteers	Total Volunteer Hours (ie. # volunteers x hours)	Number of Region Staff	Total Region Hours (ie. # Region Staff x hrs)	Number of other individuals Please Specify (i.e. Heart & Stroke paid professionals)	Total Number of Other Hours	Number of Participants
Total	N/A	N/A		N/A		N/A		

Working Group:_____

Completed By: _____ Date: _____

Appendix C: Sample Planning Tools

Ongoing Program Planning:

Complete for each program you plan to do over the next year.

Date: _____

Name of program or activity: _____

Working Group: _____

Support from survey data:	
Target group for program:	
Cooperation of other organizations (if yes, name):	
Time (overall in person hours):	
Time for key individuals, staff & volunteers:	
Who will be involved:	Name_____ _____ Name_____ Name_____ Name_____
Supplies and other resources needed:	
Dollar Cost of Program:	
Where will program take place to have the best chance at continuation / Physical space:	
How often do we need to meet to get this program of the ground?	
When will we meet next?	

PEI Heart Health

Appendix C

Work Group Planning:

Name of Working Group: _____

Members: _____

Date: _____

1) Review the Mission and Objectives from the Planning Retreat

2) In each working group, take a look at the priorities relating to your working group, look at survey information, and answer the following questions.

A. What does your working group want to achieve in 3 years?

_____

_____

_____

B. What does your working group want to achieve in 1 year? Relate this to where you want to be \ in 3 years.

_____

_____

_____

C. What programs or activities will help you to achieve these goals over the next year? (Approximately two per working group)

_____

_____

_____

Exercise to Review Mission and Objectives

EXPLANATION: A mission statement tells us why the group exists. A mission statement describes the group's goals, the people it serves, and what makes the group distinctive and what it would like to accomplish
-the mission establishes the overall arena in which the group wants to work and how it hopes things will be different in the future.

TASK: (5 minutes) For this we will be breaking up into 4-5 groups (5x5) and each group will answer 3 questions.
1.Groups main purpose, or what do we provide
2. intended to help who or who do we serve
3. We are important because, (future hopes)

PASS OUT: Give each group the colored coded sheet with the questions to be answered. This is not to be an in depth analysis; just look at the question and what is the thought that comes to mind when you read this question. (Just two responses per question).

HOW: (5 mins) Share the responses with the big group The spokesperson will read them off and a facilitator writes them on the flipchart paper.

EXPLANATION: (3mins) The three questions that you have answered are a few of the questions that one must look at when developing a mission statement.

EXPLANATION:
[show the pieces of the puzzle now]
TASK: (5 mins) what each group needs to do is:
(1) look at their responses to the three questions
(2) look at the pieces of the mission statement
(3) (5 mins) put the response into the piece of the puzzle that they thinks their response fits

EXPLANATION: (5 mins) What you guys have just done is reviewed the mission statement .The reason why I chose this route is that this is a true way for us all to know if we still think what our mission states. (put the mission statement up on the overhead.) Remember the key questions for developing a mission statement are: A mission statement tells why the group exists. A mission statement describes the group's goals, the people it serves, and what makes the group distinctive

Appendix C

EXPLANATION: Objectives reflect our mission statement and now we are going to see if they actually do. Objectives serve to define the desired outcomes in more precise terms, with quantified targets and time frames whenever possible}

TASK: *For the objectives get into groups and give each group the objectives and get them to fit them into the mission puzzle. Ask yourself does this objective have a home or does it fit into our mission? Where does it fit under and does it fit under several different places? Do we or are we actually working on these objectives? Give each group 5 mins and then every group places the objectives into the puzzle pieces. Get up as a group or decide amongst yourselves where each one belongs and get one person to put it up on the puzzle (We may find that different groups have a different interpretation of where they think the objectives fit. This is o.k. as long as all the objectives fit. We should have a blank piece of a puzzle for those objectives that some may find do not have a home.*

(Flip charts) doesn't have to be detailed.

Sample Timeline of Milestones/Significant Events

Color-coded Events:

Programs
Research
Sustainability/Partners/Stakeholders
Media/Dissemination
Staff Training/Hiring/Etc.
COMMUNITY MOBILIZATION MEETINGS
Presentations

DATE	EVENT	OUR OBJECTIVES / ISSUES ARISING
June June 12 June 13 June 14 June 16 June 22 June 26-27	Development of Health System SCAN - over month Planning Meeting re: Kick-Off Event RAG Meeting Lion's AGM - Heart Health Presentation CRAT Meeting (Focus Group) Kick-Off Event Heart Check Training and Mock Heart Check	• First Heart Check Training
July 3 July 4-8 July 8 July July 29-30	HCIA GROUP CHOOSES IT'S NAME - MEETING Researchers Present CPHA & HPRC Conferences Researchers Meet with Labonte and NSHH Worksite Wellness Lit. Review Heart Check - Seniors (1st one)	• First Heart Check
August August August August Aug. 4 Aug. 6 Aug. 26-27	Survey Analysis SCAN Report Survey Report MEETING WITH RECOVERY EAST AT MANOR Meeting with Cherie re: Format of Beacon 1ST NUTRITION MEETING * FIRST WORKING GROUP Heart Check Worksite (Manor)	• First Working Group Meeting